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## UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF PA

<Enter Division name if applicable, else delete this text>

In Re. DMD SERVICES INC	§ §	Case No. 23-10152
Debtor(s)		☐ Jointly Administered
<b>Monthly Operating Repor</b>	·t	Chapter 11
Reporting Period Ended: 12/31/2023		Petition Date: 01/18/2023
Months Pending: 12		Industry Classification: 5 3 1 1
Reporting Method:	Accrual Basis O	Cash Basis •
Debtor's Full-Time Employees (current)	:	1
Debtor's Full-Time Employees (as of date	te of order for relief):	1
Statement of cash receipts and d	ed schedules must be provided isbursements mary and detail of the assert loss statement)  ionals sconciliations for the reporting	
/s/Kim Graves		/s/Kim Graves
Signature of Responsible Party 01/23/2024		Printed Name of Responsible Party
Date		891 Main St., Darby PA 19023 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

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Deb	tor's Name DMD SERVICES INC	Case No.	23-10152
Par	rt 1: Cash Receipts and Disbursements	Current Month	Cumulative
	Cook halance hasinning of month	<b>\$0.527</b>	
a. b.	Cash balance beginning of month  Total receipts (net of transfers between accounts)	\$8,527 \$5,000	\$0
о. с.	Total disbursements (net of transfers between accounts)	\$3,882	\$0
d.	Cash balance end of month (a+b-c)	\$9,645	<u> </u>
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$3,882	\$0
Par	rt 2: Asset and Liability Status	Current Month	V -
	ot generally applicable to Individual Debtors. See Instructions.)	Current Month	
a.	Accounts receivable (total net of allowance)	\$0	
b.	Accounts receivable over 90 days outstanding (net of allowance)	\$0	
c.	Inventory (Book C Market C Other • (attach explanation)	\$0	
d	Total current assets	\$309,648	
e.	Total assets	\$309,648	
f.	Postpetition payables (excluding taxes)	\$0	
g.	Postpetition payables past due (excluding taxes)	\$0	
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes past due	\$0	
j.	Total postpetition debt (f+h)	\$0	
k.	Prepetition secured debt	\$1,000,000	
1.	Prepetition priority debt	\$0	
m.	Prepetition unsecured debt	\$0	
n.	Total liabilities (debt) (j+k+l+m)	\$1,000,000	
0.	Ending equity/net worth (e-n)	\$-690,352	
Par	rt 3: Assets Sold or Transferred	<b>Current Month</b>	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary	\$0	\$0
b.	course of business  Total payments to third parties incident to assets being sold/transferred		30
	outside the ordinary course of business	\$0	\$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary course of business (a-b)	\$0	\$0
Da	rt 4: Income Statement (Statement of Operations)	Current Month	Cumulative
	ot generally applicable to Individual Debtors. See Instructions.)	Current Month	Cumulative
a.	Gross income/sales (net of returns and allowances)	\$5,000	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
c.	Gross profit (a-b)	\$5,000	
d.	Selling expenses	\$0	
e.	General and administrative expenses	\$0	
f.	Other expenses	\$0	
g.	Depreciation and/or amortization (not included in 4b)		
h.	Interest	\$0	
i.	Taxes (local, state, and federal)	\$0	
J. Iz	Reorganization items Profit (loss)	\$3,882 \$868	\$0
k.	1 10111 (1058)		\$0

Debtor's Name

DMD SERVICES INC

Case No. 23-10152

				Approved	Approved	Paid Current	Paid
				Current Month	Cumulative	Month	Cumulative
	Debtor	r's professional fees & expense	es (bankruptcy) Aggregate Total				
	Itemiz	Itemized Breakdown by Firm					
		Firm Name	Role				
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	iii						
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	X						
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			Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
Debto	Debtor's professional fees & expenses (nonbankruptcy) Aggregate Total					
Itemiz	Itemized Breakdown by Firm					
	Firm Name	Role				
i						
ii						
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xcvii xcviii

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Pa	rt 6: Postpetition Taxes	<b>Current Month</b>	Cumulative
a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	<u>\$0</u>
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$0	\$0
e.	Postpetition property taxes paid		\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$0
Pa	rt 7: Questionnaire - During this reporting period:		
a.	Were any payments made on prepetition debt? (if yes, see Instructions)	Yes  No	
b.	Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)	Yes O No •	
c.	Were any payments made to or on behalf of insiders?	Yes O No •	
d.	Are you current on postpetition tax return filings?	Yes   No	
e.	Are you current on postpetition estimated tax payments?	Yes  No	
f.	Were all trust fund taxes remitted on a current basis?	Yes  No	
g.	Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)	Yes O No •	
h.	Were all payments made to or on behalf of professionals approved by the court?	Yes No No N/A	
i.	Do you have: Worker's compensation insurance?	Yes O No •	
	If yes, are your premiums current?	Yes No No N/A (if s	no, see Instructions)
	Casualty/property insurance?	Yes   No	
	If yes, are your premiums current?	Yes  No N/A (if the second sec	no, see Instructions)
	General liability insurance?	Yes   No	
	If yes, are your premiums current?	Yes $\bullet$ No $\bigcirc$ N/A $\bigcirc$ (if i	no, see Instructions)
j.	Has a plan of reorganization been filed with the court?	Yes  No	
k.	Has a disclosure statement been filed with the court?	Yes  No	
1.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes  No	

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Par	rt 8: Individual Chapter 11 Debtors (Only)					
a.	Gross income (receipts) from salary and wages	\$0				
b.	Gross income (receipts) from self-employment	\$0				
c.	Gross income from all other sources	<del>*************************************</del>				
d.	Total income in the reporting period (a+b+c)	\$0				
e.	Payroll deductions	<b>\$</b> 0				
f.	Self-employment related expenses	\$0				
g.	Living expenses	\$0				
h.	All other expenses	\$0				
i.	Total expenses in the reporting period (e+f+g+h)	\$0				
j.	Difference between total income and total expenses (d-i)	\$0				
k.	List the total amount of all postpetition debts that are past due	\$0				
1.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes No O				
m.	If yes, have you made all Domestic Support Obligation payments?	Yes No N/A •				
\$\$ U.S three being is relaw made Example www.com	28 U.S.C. § 589b authorizes the collection of this information, and provision of this information is mandatory under 11 U.S.C. §§ 704, 1106, and 1107. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6). The United States Trustee will also use this information to evaluate a chapter 11 debtor's progress through the bankruptcy system, including the likelihood of a plan of reorganization being confirmed and whether the case is being prosecuted in good faith. This information may be disclosed to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).  I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.					
/s/I	Kim Graves Kim G	Graves				

Printed Name of Responsible Party

01/23/2024

Date

Signature of Responsible Party

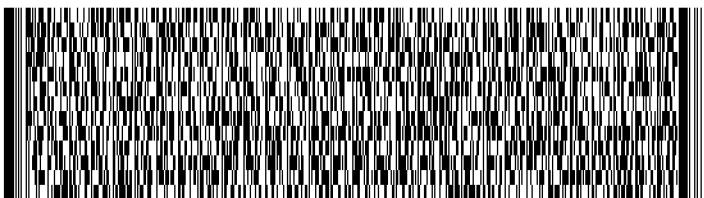
President

Title

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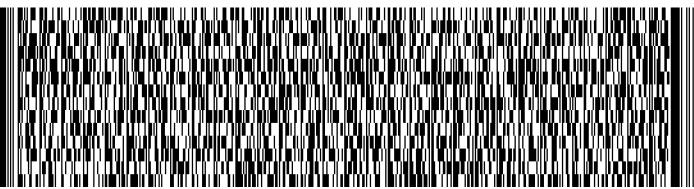
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Bankruptcy51to100

NonBankruptcy1to50

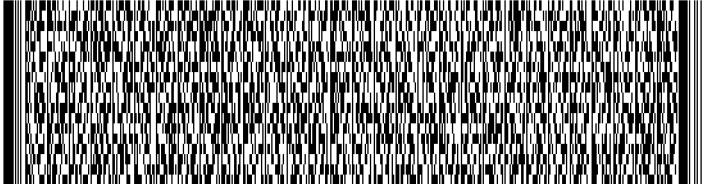
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